DR. AMELIA J. ANDERSON-MOONEY, PH.D.
102 W Front Street
Glasgow | Kentucky | 42141

HIGHLAND NEUROPSYCHOLOGY
A Cardinal Behavioral Health Partner
(270) 202-8669

PRACTICE OWNER
JOELLEN MARION, APRN, PMHNP-BC, LPCC-S
719 Dishman Lane Ext., Suite C
Bowling Green | Kentucky | 42104

NEUROPSYCHOLOGICAL/NEUROCOGNITIVE EVALUATION REFERRAL

NEUROPSYCHOLOGY REFERRAL FAX: **888-494-1640**

DATE:

PATIENT NAME:

DOB:

*Only accepting **neuropsychological** referrals for patients ages 16 and up. CBH accepts referrals for ages 4 and over for **psychological** evaluations. Please call office at (270) 202-8669 for any clarification on appropriateness of referral.*

PATIENT PHONE:

Alternate contact is REQUIRED to accept referral.

ALTERNATE CONTACT NAME:

ALTERNATE CONTACT PHONE:

RELATIONSHIP TO PATIENT:

WHO IS BEST CONTACT FOR SCHEDULING?

☐ Patient
☐ Alternate contact

REFERRING PROVIDER:

REFERRING PROVIDER FAX:

REFERRAL QUESTION:

Please fax this **COVERSHEET**, **PATIENT DEMOGRAPHIC/CONTACT INFO, PERTINENT CLINIC NOTES, and PATIENT INSURANCE** to:

HIGHLAND NEUROPSYCHOLOGY
Dr. Amelia J. Anderson-Mooney, Ph.D.
Fax: (888) 494-1640

This page and your clinic notes are used to document medical necessity for this procedure, so please provide some statement (either in your clinic notes or above) about the clinical question you would like neurocognitive evaluation to address and the benefit of having this information for treatment purposes. If required, our office will precertify the procedure with the patient's insurance as a courtesy to the patient and to our referring providers.